

## **Testimony submitted on February 26, 2013 to the Public Health Committee**

### **Submitted by:**

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*Sister and co-guardian of Thomas Dwyer, a resident of Southbury Training School*

I am submitting this testimony to urge your support for our proposal to amend Senate Bill 129, which is currently before your committee, with language to reopen Southbury Training School (“STS”) to new admissions.

I believe that STS is a crucial part of Connecticut’s system of care for the intellectually and developmentally disabled, and that reopening the doors at STS will both revitalize the facility and benefit many more people in the surrounding community.

STS is a state-run Intermediate Care Facility that meets strict federal standards. In addition to providing comprehensive services to the people who live there, STS provides dental and other services to more than 500 community-based clients of the Department of Developmental Services.

Most of the residents of STS are severely disabled, suffering from intellectual, physical, and medical disabilities. STS offers an array of services that are crucial to the well-being of this population. They include 24/7 on-site medical staff, a health care unit that enables individuals to receive care that would otherwise be available only in a hospital or nursing home, staff psychiatrists who are familiar with the history of each resident, an experienced staff with minimal turnover and a dental clinic with experience treating this population that serves the residents of STS and over 500 people who live in the community or at home.

A number of these services simply cannot be provided in the community; others would be prohibitively expensive. If Connecticut is to provide adequate services to this population, it can do so most efficiently and cost effectively in a licensed congregate setting (e.g., STS).

As a result of both a court order, which is no longer in effect, and a bill passed by the Connecticut Legislature, without the input of STS families or guardians, new admissions to STS have been blocked since 1986. As a result, the fixed costs of operating STS have been spread since 1986 over a steadily shrinking base of residents, and the cost of care per resident has steadily risen. This has periodically fueled an argument from opponents of STS that it should be closed.

My brother Tom is profoundly “retarded”, severely autistic and bi-polar and suffers from a condition called PICA, which means that he constantly tries to eat whatever he can get his hands on – paper, buttons, etc. He also has Parkinson’s and has such difficulty walking that he cannot

walk unless someone is holding a belt around his waist. Tom doesn't speak and he relates only to people with whom he is familiar. The cottage at STS where Tom resides is designed for people with PICA and no small objects are available to eat. In addition, several members of the staff at STS who work with Tom have known him for 10-20 years. They know what he needs and how to deal with him and he is comfortable with them. He receives superb care and in a beautiful setting where he is surrounded by people he knows. This level of care is expensive but Tom would not survive without it. It is certainly less expensive to provide in a congregate setting with a relatively large population.

In addition, STS has the ability to provide care equivalent to that provided by nursing homes to individuals who are so disabled that they require such care or who simply age and require such care. Nursing homes are not required to accept individuals like Tom and most are not equipped to care for people with his intellectual disabilities.

Many residents of Connecticut who are severely disabled and live at home (many of whom are on the waiting list) and many residents of community facilities who will become more disabled or age will need the type of care provided only in congregate facilities. The few remaining regional centers are severely limited by their size. Unless STS is opened to new admissions, the care required by people such as Tom will continue to be difficult, if not impossible to obtain. This means that Connecticut's disabled population does not have a choice between congregate and community-based care. Choice is mandated by federal law and by the Supreme Court's Olmstead decision.

I believe that allowing new admissions to STS would accomplish the following:

- New admissions would result in a lowered cost of care per resident at the facility and help make it financially viable.
- New admissions would shorten or possibly eliminate a growing waiting list for residential care and services for intellectually disabled people throughout the state.
- New admissions would allow STS to continue and possibly expand its role as a resource for dental and medical care for community-based clients of DDS.

Thank you for your attention. I hope you will support new admissions to STS.

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